PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

appropriate All further	form should be used a correspondence includired below or directed oth tions.	ng the Pai	tent, advance or	ders and notification) specifying a new co	of m orres	naintenance fees war pondence address;	vill be m and/or (ailed to the current b) indicating a sepa	correspondence addrate "FEE ADDRE	dress as SS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)						Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.					
21171	21171 7590 01/24/2008								mission		
STAAS & HALSEY LLP				<u>a</u> 7/	Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United						
SUITE 700	ADE	(0 7 2008 B)	I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.								
1201 NEW YOR	Ar i	` 2	transmitted to the USPTO (571) 273-2885, on the date indicated below.								
WASHINGTON, DC 20005 04/08/2008 SDIRETA2 00000023 10606110				رم ا	(Depositor's name)						
V4/V0/CVV8 5VIRE!	W.	TRADEMARK					(\$	ignature)			
01 FC:1501 1440.00 02 FC:1504 300.00			UP			(Date)					
APPLICATION NO.	FILING DATE	FILING DATE		FIRST NAMED INVEN		TOR AT		NEY DOCKET NO.	CONFIRMATION NO.		
10/606,110	06/26/2003			Karp-sik Youn		1293.1731			3637		
FITLE OF INVENTION: APPARATUS FOR AND METHOD OF PREVENTING PAPER DOUBLE FEEDING IN PRINTER											
•											
APPLN, TYPE	PE SMALL ENTITY		E FEE DIE	PUBLICATION FEE DU		DDCVL DATE IGGIE	I	TOTAL EPERON NAME	7		
		ISSUE FEE DUE		<u> </u>		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE		
nonprovisional NO		*\$1440		\$300		\$0		\$1740	04/24/2008	3	
EXAMINER ART UNIT			KI UNII	CLASS-SUBCLASS							
MORRISON,	THOMAS A	3653	271-121000			_					
 Change of correspond CFR 1.363). 	2. For printing on the patent front page, list STAAS & HALSEY LLE										
Cr R 1.363). Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.				or agents OR, alternatively,							
"Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
			DE DIMER OVI			·			<u> </u>		
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.											
	(B) RESIDENCE: (CITY and STATE OR COUNTRY)										
SAMSUNG ELECTRONICS CO., LTD. SUWON-SI, REPUBLIC OF KOREA											
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🖫 Corporation or other private group entity 🗀 Government											
4a. The following fee(s)	b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)										
Issue Fee				A check is enclosed.							
Publication Fee (No small entity discount permitted)				Payment by credit card. Form PTO-2038 is attached.							
Advance Order - # of Copies				The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 19-3935 (enclose an extra copy of this form).							
5. Change in Entity Sta	tus (from status indicate	d above)									
a. Applicant claim	s SMALL ENTITY state	us. See 37		b. Applicant is no							
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.											
Authorized Signature			1			Date A	erel	7, 2008		-	
Typed or printed nam	eDAVID f.	CUT	TITA			Registration N	No	52,790			
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process)											

an application. Confidentiality is governed by 37 CFR 1.311. The information is required to obtain of retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.